

## **EXPRESS MAIL CERTIFICATE**

EV 315 188 141 US

Serial No.

10/040,010

Applicant(s)

Thomas M. Mills et al.

Filing Date

January 4, 2002

Title:

TREATMENT OF ERECTILE DYSFUNCTION

TECH CENTER 1000

Examiner

Bahar, Mojdeh

Group Art Unit

1617

Type of Document(s)

Transmittal Form

Fee Transmittal Form Election and Response

Request for Extension of Time (in duplicate)

Check #342790 in the amount of \$55.00 for a One-Month

Extension of Time

3<sup>rd</sup> Supplemental Information Disclosure Statement –

(in duplicate) PTO/SB/08A References: 1

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I hereby certify that the documents identified above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to Mail Stop Non Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Emily Guida (signature)

Date of Deposit: October 6, 2003

TRANSMITTAL FORM  (to be used for all correspondence after initial filing)		Application Number	10/040,010		
		Filing Date	January 4, 2002		
		First Named Inventor	Thomas M. Mills  1617		
o be used for all correspondence and	n ninai ming)	Group Art Unit	1617		
		Examiner Name	Bahar, Mojdeh		
otal Number of Items in This Submiss acluding Transmittal Form)	sion	Attorney Docket Number	M0351-267875 (011-00)		
Fee Transmittal Form	ENCLOSUR	ES (check all that apply)			
✓ Fee Attached Check # 342790	☐ Assignmer (for an App		☐ After Allowance Communication to Group		
Election & Response	☐ Drawing(s)	•	Appeal Communication to Board of Appeals and Interferences		
☐ After Final	☐ Licensing-	related Papers			
☐ Affidavits/declaration(s)	☐ Petition		☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
Sextension of Time Request nduplicate)	☐ Petition to Provisiona	Convert to a Application	☐ Proprietary Information		
☐ Change of ©		Attorney, Revocation	☐ Status Letter		
		Correspondence Address	○ Other Enclosure(s)     (please identify below):     Express Mail Certificate –		
Certified Copy of Priority	Request fo		EV 315 188 141 US PTO/SB/08A		
Document(s)	•	er of CD(s)	References: 1 Return Postcard		
Response to Missing Parts/ Incomplete Application	L CD, Nullib	GI OI OD(3)	NGWIII FUSICAIU		
	Remarks				
Response to Missing Parts under 37 CFR 1.52 or 1.53					
irm or Cynthia B. Rothscl		ICANT, ATTORNEY, OF	RAGENT		
ndividual name Reg. No. 47,040	•				
Signature GML S	akal				
Date October 6, 2003		<u> </u>			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Typed or printed name

**Emily Guida** 

Complete (if applicable)

(336) 747-7541

Telephone

Date

**FEE TRANSMITTAL** for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL	AMOU	NT OF	PAYN	IENT
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SUBMITTED BY

Name (Print/Type)

Signature

Cynthia B. Rothschild

(\$) 55

	Complete if Known	A)	1
Application Number	10/040,010		<b>ት</b> ~
Filing Date	January 4, 2002	00	
First Named Inventor	Thomas M. Mills et al.	Trong 1	
Examiner Name	Bahar, Mojdeh	CH Ch.	200
Art Unit	1617		1003
Attorney Docket No.	M0351-267875 (MCG -011-	00) 7/6	

METHOD OF PAYMENT (check all that apply)							ALCULATION (continued)	
☑ Check ☐ Credit card ☐ Money ☐ Other ☐ None			3. ADDITIONAL FEES					
Order  ☑ Deposit Account:			<u>Large</u> Fee	Entity Fee	Small E	<u>intity</u> Fee		
Deposit			Code	(\$)	Code	(\$)	Fee Description	Fee Paid
Account 16-1435		1051	130	2051	65	Surcharge - late filing fee or oath		
Number			1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit Account Kilpatrick Stockton LLP			1053	130	1053	130	Non-English specification	
			1812	2,520	1812	2,520	For filing a request for reexamination	
Name The Director is authorized to: (check all that apply)			1804	920°	1804	920*	Requesting publication of SIR prior to Examiner action	
☐ Charge fee(s) indicated below ☑ Credit any overpayments ☒ Charge any additional fee(s) during the pendency of this application			1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
Charge fee(s) indicated below, except for the filing fee			1251	110	2251	55	Extension for reply within first month	55
to the above-identified deposit account.  FEE CALCULATION			1252	410	2252	205	Extension for reply within second month	
1. BASIC F	LING FEE		1253	930	2253	465	Extension for reply within third month	
Large Entity	Small Entity		1254	1,450	2254	725	Extension for reply within fourth month	
	ee Fee <u>Fee Description</u> Code (\$)	! Fee Paid	1255	1,970	2255	985	Extension for reply within fifth month	
	code (\$) 001 375 Utility filing fee	reeralu	1401	320	2401	160	Notice of Appeal	
-	002 165 Design filing fee		1402	320	2402	160	Filing a brief in support of an appeal	
	003 260 Plant filing fee		1403	280	2403	140	Request for oral hearing	
1004 750 2	004 375 Reissue filing fee	<b>——</b>	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1005 160 2005 80 Provisional filling fee			1452	110	2452	55	Petition to revive – unavoidable	
SUBTOTAL (1) (\$) 0			1453	1.300	2453	650	Petition to revive – unintentional	
SUBTOTAL (1) (\$) 0			1501	1.300	2501	650	Utility issue fee (or reissue)	
2. EXTRA CLA	IM FEES FOR UTILITY AN	ID REISSUE	1502	470	2502	235	Design issue fee	
		ee from Fee	1503	630	2503	315	Plant issue fee	
Total Claims	Claims b	elow Paid = 0	1460	130	1460	130	Petitions to the Commissioner	
			1807	50	1807	50	Processing fee under 37 CFR 1.17 (q	)
Independent Claims	-3 ** = 0 X	= 0	1806	180	1806	180	Submission of Information Disclosure Stmt	
Multiple Dependent	x [	= 0	8021	40	8021	40	Recording each patent assignment per property (times number of	
Large Entity	Small Entity		l				properties)	
Fee Fee Code (\$)	Fee Fee Code (\$)	ption	1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))	n
1202 18	2202 9 Claims in ex	cess of 20	1810	750	2810	375	For each additional invention to be	]
1201 84		t claims in excess of 3					examined (37 CFR § 1.129(b))	
1203 280		pendent claim, if not paid	1801	750	2801	375	Request for Continued Examination (RCE	)
1204 84	2204 42 original pate	original patent		900	1802	900	Request for expedited examination of a design application	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			1					
	· over origina	i patent	Other f	ee (speci	ify)			
	SUBTOTAL (2)	(\$) 0		•				
			*Redu	ced by B	asic Filin	g Fee Pa	aid SUBTOTAL (3) (\$) 55	5
**or number previously paid, if greater; For Reissues, see above			1					

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(Attorney/Agent)

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47,040